

RULEMAKING NOTICE FORM

Notice Number 2016-91 Rule Number He-P 301

1. Agency Name & Address:

**Dept. of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301**

2. RSA Authority: RSA 141-C:6, I, II, III, IV, V,
VI, VII, VIII, IX, XII, XIII

3. Federal Authority: _____

4. Type of Action:

Adoption _____

Amendment _____

Repeal _____

Readoption _____

Readoption w/amendment X

5. Short Title: **Communicable Diseases**

6. (a) Summary of what the rule says and of any proposed amendments:

He-P 301 is scheduled to expire 6/3/16, but is subject to extension pursuant to RSA 541-A:14-a. The Department of Health and Human Services (Department) proposes to readopt He-P 301 with amendment.

The proposed rule revises the list of communicable diseases that healthcare providers and laboratories are required to report to the Department, the procedures used to collect that information, and the control measures instituted to control the spread of specific communicable diseases. The proposal requires hospital laboratories to enable electronic reporting to the Department by December 31, 2017. The proposal updates definitions by clarifying some terms and adding definitions for “congregate setting”, “diversion”, “health care setting”, “hospital”, “laboratory” and “sterile site.” The proposal also requires health care settings to report investigations of suspected or actual incidents of diversion of injectable medications in a healthcare setting. The proposed rule makes minor modifications to school immunization requirements and tuberculosis and HIV financial assistance programs.

6. (b) Brief description of the groups affected:

Those affected by the rules are healthcare facilities, laboratories, and other entities required to report communicable diseases to the Department. Other individuals affected by the rules include those individuals and employers of individuals who have reported a communicable disease and children and families who are subject to the school immunization requirements. Schools are also impacted by the rules relating to the required vaccinations for school entry, and the requirement that schools are required to ensure all children are in compliance with vaccine requirements pursuant to RSA 141-C:20-a. Clients who receive financial assistance will be impacted by the changes proposed to the tuberculosis and HIV financial assistance programs.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

<u>Rule</u>	<u>RSA/Federal Regulation</u>
He-P 301.01	RSA 141-C:2
He-P 301.02	RSA 141-C:6, I, RSA 141-C:7, RSA 141-C:8
He-P 301.03	RSA 141-C:6, I; RSA 141-C:7
He-P 301.04	RSA 141-C:11-15
He-P 301.05	RSA 141-C:11-15
He-P 301.06	RSA 132:6; RSA 132:10-b
He-P 301.07	RSA 141-C:3, RSA 141-C:9
He-P 301.08	RSA 141-C:10
He-P 301.09	RSA 141-C:16-a
He-P 301.10	RSA 141-C:17, RSA 141-C:17-a
He-P 301.11	RSA 141-C:2, IV, RSA 141-C:3, III, RSA 141-C:4, X., RSA 141-C:15, IV
He-P 301.12	RSA 141-C:11, RSA 141-C:12, RSA 141-C:14, RSA 141-C:15
He-P 301.13	RSA 141-C:20-a thru e
He-P 301.14	RSA 141-C:20-a thru e
He-P 301.15	RSA 141-C:20-a thru e
He-P 301.16	RSA 141-C:6, XI
He-P 301.17	RSA 141-C:15, III

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Catherine Bernhard** Title: **Rules Coordinator**
Address: **Dept. of Health and Human Services** Phone #: **271-9374**
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TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:

<http://www.dhhs.nh.gov/oos/aru/comment.htm>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **July 8, 2016**

☒ Fax ☒ E-mail ☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **June 30, 2016 at 9:00 AM**

Place: [**DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH**](#)

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # **16:097**, dated **06/01/16**

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

When compared to the existing rule, the proposed rule may increase costs to independently-owned businesses to the extent that they are healthcare facilities or laboratories subject to the new or amended reporting requirements under the proposed rules.

2. Cite the Federal mandate. Identify the impact of state funds:

There is no federal mandate, and no impact on state funds.

3. Cost and benefits of the proposed rule(s):

A. To State general or State special funds:

None.

B. To State citizens and political subdivisions:

None.

C. To Independently owned businesses:

The rules may result in costs to some healthcare facilities which, in order to accommodate the reporting requirements proposed in the rule, may need to change protocols or automated reporting processes in order to add some diseases to and remove others from the reportable disease list. In addition there is a potential cost for some hospital laboratories due to the new requirement mandating electronic submission of reportable laboratory results. The extent of these potential costs is indeterminable.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposed rule does not create a new program or responsibility. The proposed rule modifies an existing program or responsibility, but does not mandate any fees or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.

Readopt with amendment He-P 301, effective 6-3-08 (Document # 9172), cited and to read as follows:

CHAPTER He-P 300 DISEASES

Statutory Authority: RSA 141-C:6

PART He-P 301 COMMUNICABLE DISEASES

He-P 301.01 Definitions.

(a) "Acceptable immunization" means the immunizations required in RSA 141-C:20-a and the doses and age requirements in He-P 301.14.

(b) "Admitting official" means the principal or his designated representative, headmaster or director of the public or non-public school, state agency or child care agency.

(c) "Applicant" means the person for whom application is made to either the AIDS drug assistance or the tuberculosis patient care financial assistance program, and who becomes a recipient if he or she is determined to be medically and financially eligible.

(d) "Carrier" means a person or animal that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

(e) "Case" means any person afflicted with a communicable disease, as defined in 'Case Definitions for Infectious Conditions Under Public Health Surveillance' published by the Centers for Disease Prevention and Control. Volume 46, Number RR-10, May 2, 1997

(f) "Chief complaint" means the patient's set of symptoms and illnesses when the patient first presents to the emergency department of a hospital.

(g) "Child care agency" means "child care agency" as defined in RSA 141-C:2, IV-b.

(h) "Commissioner" means "commissioner" as defined in RSA 141-C:2, IX.

(i) "Communicable disease" means "communicable disease" as defined in RSA 141-C:1, VI.

(j) "Common cup" means an open drinking vessel shared by individuals in public places without disinfection between uses.

(k) "Conditional enrollment" means the temporary enrollment of a student who has documentation of at least one dose of each required vaccine and an appointment date(s) for the next scheduled dose(s).

(l) "Congregate setting" means any setting or location where people come together including, but not limited to, schools, childcare centers, healthcare facilities, emergency shelters, workplaces, public events, retail outlets or other business gathering locations.

(m) "Contact" means a person who has been in association with an infected person or animal or a contaminated environment in a manner that provides an opportunity to acquire the infective agent.

(~~nl~~) "Date of application" means the date on which the program receives the signed application for AIDS drug assistance or for the tuberculosis patient care financial assistance.

(~~om~~) "Department" means "department" as defined in RSA 141-C:2, X.

(p) "Diversion" means the illegal use, tampering, substitution, or theft of drugs intended for patients by healthcare or non-healthcare personnel.

(~~qh~~) "Documentation" means written authenticated evidence of a laboratory test result or immunization.

(~~re~~) "Dose of vaccine" means the amount of vaccine appropriate to develop or confer immunity as specified in the manufacturer's documentation accompanying the vaccine, also known as the package insert.

(~~sp~~) "Emergency department visit" means an encounter where a person is treated, evaluated or both, in the emergency department of a hospital.

(~~te~~) "Exclude" means to prevent a person from being in a public or communal setting, such as preventing an employee from reporting to work and from performing any job responsibilities within the employee's place of employment.

(~~uf~~) "Health care facility" means facilities required to be licensed pursuant to RSA 151:2, I and those facilities exempt from licensing pursuant to RSA 151:2, II.

(~~vs~~) "Health care provider" means any physician or other person self-employed or representing or employed by a governmental or private agency, department, institution, clinic, laboratory, hospital, health maintenance organization, pharmacist, association or other entity who assesses or diagnoses the health status of any person or who treats any reportable disease or illness.

(~~t~~) ~~"Health Level 7 (HL7)" means a health care information messaging and data exchange protocol developed by the Health Level 7 organization and approved by the American National Standards Institute (ANSI) standard for health related information exchange.~~

(w) "Health care setting" means any governmental or private agency, department, institution, clinic, laboratory, hospital, health maintenance organization, pharmacist, association or other entity which assesses or diagnoses the health status of, or provides medical care or treatment to any person.

(~~x~~) "Hospital" means "hospital" as defined in RSA 151-C:2, XX, and licensed in accordance with RSA 151 and He-P 802.

(~~yh~~) "Household" means one or more adults ~~and/or with or without~~ children related by marriage or living together in the same residence.

(~~zv~~) "Human Immunodeficiency Virus (HIV)" means "human immunodeficiency virus" as defined in RSA 141-F:2, V.

(~~aaw~~) "Institutional setting" means any group living situation such as in a nursing home, hospital, sheltered care facility, residential treatment and rehabilitation facility, correctional facility, halfway house, transitional housing, long term care facility, ~~and/or~~ any group care facility.

(ab) “Invasive disease” means the organism is detected or isolated from a normally sterile site.

(ac~~x~~) “Isolation” means “isolation” as defined in RSA 141-C:2, XII.

(ad) “Laboratory” means “laboratory” as defined in He-P 808, namely, “any building, place, or mobile laboratory van, for the biological, microbiological, serological, chemical, immunohematological, biophysical, cytological, pathological or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of disease.”

(ae~~y~~) “Month” means 28 days, or 4 weeks.

(af~~z~~) “Outbreak” means cases of illness or disease occurring in a community, region or specific population at a rate clearly in excess of what is normally expected.

(ag~~a~~) “Quarantine” means “quarantine” as defined in RSA 141-C:2, XIII.

(ah~~b~~) “Reportable disease” means a communicable disease, as defined in RSA 141-C:2, VI, required to be reported to the commissioner pursuant to RSA 141-C:7 and He-P 301.02.

(ai~~e~~) “Restrict” means to limit activities of a person in a public or communal setting such as, limiting the activities of an employee such that the employee is able to report to work and perform certain job duties as long as that activity poses no threat to the public’s health.

(aj) “Sterile site” means an area of the body where bacteria is not found growing, and which if when found, is indicative of infection. These areas of the body include, but are not limited to, cerebrospinal fluid, blood, joint fluid, pleural fluid, peritoneal fluid, pericardial fluid, bone, and various internal body sites and organs.

(ak~~d~~) “Suspect case” means any patient who a health care provider has reason to believe is or might be afflicted with a reportable disease such that diagnostic procedures, treatments, regimens, or preventive and/or control measures appropriate for the reportable disease are then instituted by the physician and/or the commissioner.

(ae) ~~“Syndromic surveillance” means the ongoing and systematic collection, analysis and interpretation of signs and symptoms of illnesses through real time indicators that allows for monitoring patterns of potential reportable diseases or outbreaks and facilitates early detection and effective public health action.~~

He-P 301.02 Reportable Diseases.

(a) Health care providers shall report to the department diagnosis, suspicion of diagnosis, or suspected incident involving the following ~~diseases, including suspect cases~~, in accordance with He-P 301.03, in the following time frames:

(1) Within 24 hours following diagnosis or suspicion of diagnosis of:

a. Anthrax;

b. Arboviral infection; including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus, Dengue, Chikungunya virus, Powassan virus, Zika virus and St. Louis Encephalitis;

- c. Botulism;
- d. Brucellosis;
- e. Cholera;
- f. Creutzfeld-Jacob disease
- g. Diphtheria;
- h. Haemophilus influenzae, invasive disease;
- i. Hantavirus Pulmonary Syndrome;
- j. Hepatitis, viral: A;
- k. Measles;
- l. Neisseria meningitidis, invasive disease;
- m. Mumps;
- n. Pertussis;
- o. Psittacosis;
- p. Plague;
- q. Poliomyelitis;
- r. Rabies in Humans or Animals;
- s. Rubella, including Congenital Rubella Syndrome;
- t. Tuberculosis Disease;
- u. Tularemia;
- v. Typhoid Fever,
- w. Typhus

~~x. Varicella;~~

~~xy.~~ Vibrio species including V. cholerae; and

~~yz.~~ Any suspect outbreak, cluster of illness, ~~or~~ unusual occurrence of disease, or other incident that may pose a threat to the public's health.

(2) Within 72 hours following diagnosis or suspicion of diagnosis of:

a. Acquired Immune Deficiency Syndrome (AIDS);

b. Acute flaccid myelitis;

~~b.c.~~ Anaplasmosis;

~~e.d.~~ Babesiosis;

~~ee.~~ Campylobacteriosis;

~~fe.~~ Chlamydia;

~~gf.~~ Coccidioidomycosis;

~~hg.~~ Cyclospora infection;

~~ih.~~ Cryptosporidiosis;

~~ji.~~ Ehrlichiosis;

k. Enterobacteriaceae species, demonstrating resistance to carbapenem or production of a carbapenemase;

~~lj.~~ Escherichia coli O157 infection and other shiga toxin producing E. coli;

~~mk.~~ Giardiasis;

~~nl.~~ Gonorrhea;

~~m. Hemolytic Uremic Syndrome;~~

~~on.~~ Hepatitis, ~~acute~~ viral, newly diagnosed infections only: B, ~~C-E, G~~;

~~pe.~~ Hepatitis, viral: positive B surface antigen in a pregnant woman;

~~q.p.~~ HIV, including HIV exposure in infants;

~~q. Invasive Group A/B Streptococcus disease;~~

r. Legionellosis;

s. Leprosy, Hansen's Disease;

t. Leptospirosis;

~~ut.~~ Listeriosis;

~~vu.~~ Lyme Disease;

~~wv.~~ Malaria;
~~xw.~~ Pneumococcal disease, invasive; ____
~~y.x. Pneumocystis Pneumonia; Psittacosis;~~
~~zy.~~ Rocky Mountain Spotted Fever;
~~abz.~~ Salmonellosis;
~~acaa.~~ Shigellosis;
~~adab.~~ Syphilis, including Congenital Syphilis Syndrome;
~~ae.~~ Tetanus;
~~afd.~~ Toxic-Shock Syndrome (TSS), Streptococcal or Staphylococcal;
~~age.~~ Trichinosis;
~~ah.~~ Varicella;
~~af.~~ Latent Tuberculosis infection; and
~~aig.~~ Yersiniosis.

(b) Laboratories shall report to the department any laboratory test indicative of or highly correlated with infection of the following microorganisms in accordance with He-P 301.03(h):

(1) Within 24 hours:

- a. Arboviral infection, including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus, Dengue, Chikungunya virus, Powassan virus, and St. Louis Encephalitis;
- b. Bacillus anthracis;
- c. Bordetella pertussis;
- d. Clostridium botulinum;
- e. Corynebacterium diphtheriae;
- f. Francisella tularensis
- g. Haemophilus influenzae, sterile site;
- h. Hantavirus;
- i. Hepatitis, viral: A, E;

- j. Mumps;
- k. Mycobacterium tuberculosis;
- l. Neisseria meningitidis, sterile site;
- m. Polio;
- n. Rabies;
- o. Rubella;
- p. Rubeola;
- q. Salmonella typhii;
- r. Vancomycin resistant Staphylococcus aureus (VRSA);
- s. Vibrio species including V. cholerae; and
- t. Yersinia pestis.

(2) Within 72 hours:

- a. Anaplasmosis phagocytophilum
- b. Babesia microti;
- c. Borrelia burgdorferi;
- d. Brucella [abortus species](#);
- e. Campylobacter species;
- f. Chlamidophila psittaci;
- g. Chlamydia trachomatis;
- h. Clostridium tetani;
- i. Coccidioides immitis;
- j. Cryptosporidium parvum;
- k. Cyclospora cayetanensis;
- l. Ehrlichia species;

[m. Enterobacteriaceae species; demonstrating resistance to carbapenem or production of a carbapenemase;](#)

- ~~nm.~~ Escherichia coli O157 and other shiga toxin producing E. coli;
- ~~on.~~ Giardia ~~lamblia~~species;
- ~~o.~~ Hepatitis, viral: B, E, G;
- p. Hepatitis, viral: positive B surface antigen in a pregnant woman;
- q. HIV, including HIV exposure in infants;
- r. Legionella pneumophila;
- s. Leptospira species;
- ~~ts.~~ Listeria monocytogenes;
- ~~ut.~~ Mycobacterium leprae;
- v. Mycobacterium tuberculosis: blood assays only;
- ~~wu.~~ Neisseria gonorrhoeae;
- ~~xv.~~ Plasmodium species;
- ~~w.~~ Pneumocystis carinii;
- ~~yx.~~ Rickettsia prowazekii;
- ~~zy.~~ Rickettsia rickettsii;
- aaz. Salmonella species other than Salmonella typhi;
- abaa. Shigella species;
- ~~ab.~~ Streptococcus Group A/B (Streptococcus pyogenes/agalactiae), sterile site;
- ac. Streptococcus pneumoniae, sterile site;
- ad. Treponema pallidum;
- ae. Trichinella spiralis;
- ~~af.~~ Vancomycin Resistant Enterococci (VRE); and
- ~~afg.~~ Yersinia enterocolitica.

(c) Laboratories shall report to the department within 72 hours the results of all CD4+ lymphocyte laboratory tests.

(d) Laboratories shall report any tests indicative of HIV infection including antibody, antigen PCR based, and all viral load tests, including those with no virus detectable.

(e) Laboratories that are owned, operated, and located on the licensed premises of a hospital must electronically report the test results listed in (b)-(d) above.

(1) Each hospital shall establish an electronic submission process and commence routine electronic reporting by December 31, 2018; and-

(2) Hospitals shall format electronic submissions in accordance with guidance provided by the Department in the New Hampshire Local Implementation Guide for Electronic Laboratory Reporting using HL7 2.5.1, Version 2.1, 7/31/2014, available as noted in Appendix A.

(f) Laboratories shall submit clinical isolate material as requested by DHHS for the purpose of public health surveillance and investigation.

(g) Laboratories that are owned, operated, and located on the licensed premises of a hospital shall submit annually a hospital antibiogram report if one exists.

(h) The person in charge of any healthcare setting shall report to the department any investigation of suspected or actual incident of diversion of injectable medications in a health care setting.

He-P 301.03 Reporting of Communicable Diseases.

(a) Any physician or other health care provider who assesses, diagnoses, or treats a person believed ~~by him~~ to be a case or suspect case of a reportable disease shall immediately make a report ~~the same~~ to the department by telephone, mail-facsimile, or electronic transmission on forms provided by the commissioner.

(b) Reports provided pursuant to (a) above shall include:

- (1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient;
- (2) The name of the disease;
- (3) The date of onset;
- (4) Diagnostic test(s) performed, specimen type(s), date(s), and result(s);
- (5) The name of the person reporting; and
- (6) Treatment information including the name and amount of the medication prescribed.

(c) When no physician or other health care provider is in attendance, the person in charge of any institution, including but not limited to a public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace, hospital, dispensary, pharmacy, or charitable, penal, or other institution or place of detention in which there is a case or suspect case of a reportable disease, shall report the same immediately to the department.

(d) Reports provided pursuant to (c) above shall include:

(1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient;

(2) The name of the disease [or incident](#);

(3) The date of onset; and

(4) The name, [affiliation, and contact information](#) of the person reporting.

(e) Local boards of health shall report immediately to the department those cases or suspect cases of reportable diseases of which they have knowledge.

(f) Reports required pursuant to (e) above shall include:

(1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the patient;

(2) The name of the disease [or incident](#);

(3) The date of onset;

(4) The name of the original reporting source; and

(5) The name, [affiliation, and contact information](#) of the person reporting.

(g) The person in charge of any diagnostic laboratory testing human or animal specimens shall report immediately to the department:

(1) The isolation or identification of causative agents, positive diagnostic acute immunological responses to causative agents, or any other positive diagnostic test results for any of the conditions listed in He-P 301.02(b);

(2) If the laboratory test was conducted on a human specimen:

a. The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation and place of occupation of the person from whom the specimen was taken;

b. The date the specimen was received;

c. The name of the care provider; and

d. The name of the person reporting; and

(3) If the laboratory test was conducted on an animal specimen:

a. The full name, address and telephone number of the owner of the animal from whom the specimen was taken; and

b. The species of animal from which the animal specimen originated;

c. The date the specimen was received;

d. The name of the veterinarian; and

e. The name of the person reporting.

(h) Every physician or other health care provider, or the person in charge of any hospital, institution, dispensary, public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace or charitable, penal, or other institution or place of detention who ~~shall~~ have knowledge of the occurrence of case(s) or suspect case(s) of illness within the workplace or institution believed to have been due to consumption of food or water shall report the same immediately to the department.

~~(i) Hospitals with emergency departments shall report all emergency department visits data to the department within 24 hours of the patient encounter, for the purpose of early detection of reportable diseases ~~or and~~ outbreaks, to describe emerging public health issues, and to identify potential public health threats, using syndromic surveillance methods. Emergency department visits data shall be used for epidemiological investigation by the commissioner or the commissioner's designee.~~

(1) Hospitals shall format electronic submissions in accordance with guidance provided by the Department in the New Hampshire Local Implementation Guide for Syndromic Surveillance Reporting, Version 1.07, 2/15/2015, available as noted in Appendix A.

(2) Hospitals with emergency departments shall commence routine electronic submission of properly formatted data not later than December 31, 2017.

(j) Investigations by the department of emergency department encounter reports shall include obtaining other clinical data necessary for case ascertainment including but not limited to the chief complaint. The findings of the investigation shall be used to identify communicable diseases, ~~and other~~ health threats, and to institute control measures to reduce the risk of disease spread or to reduce exposures in a public health emergency.

~~(k) All emergency department visits data shall be reported as follows:~~

~~Through electronic transfer HL7 messaging as defined in He P 301.01(t);~~

~~Immediately at the time of the visit but no later than 24 hours from the time of the visit.~~

~~(l) Hospitals unable to comply with the electronic transfer requirements of this section shall become compliant by January 1, 2010.~~

~~(m) Hospitals shall make use of fully automated systems that require no manual intervention to conduct electronic transfers where possible.~~

He-P 301.04 Methods of Isolation. Hospitals and other health care ~~institutions-facilities~~ shall institute appropriate precautions consistent with the Healthcare Infection Control Practices Advisory Committee 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007 and the Healthcare Infection Control Practices Advisory Committee, Management of Multi-drug Resistant Organisms in Healthcare Settings, HICPAC Advisory Committee, October, 2006, available as noted in Appendix A.

He-P 301.05 Restriction and Control Measures for Isolation and Quarantine for Specific Diseases.

~~(a) For AIDS/HIV infection, and other specific infections that occur in AIDS/HIV infected patients, hospitals and other institutional settings shall observe precautions for patients as addressed in He-P 301.04.~~

(ab) For a case or suspect case of cutaneous and inhalation anthrax, hospitals and other institutional settings shall institute standard precautions according to He-P 301.04 for the duration of the illness.

(be) For a case or suspect case of diphtheria, isolation precautions shall be instituted as follows:

(1) For a case, suspect case or carrier of pharyngeal or cutaneous diphtheria, hospitals and other institutional settings shall maintain appropriate isolation in accordance with He-P 301.04 until 2 cultures from both throat and nose or skin lesions in cutaneous diphtheria taken not less than 24 hours apart and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli;

(2) Where culture is impractical, isolation may be ended after 14 days of appropriate antibiotic treatment; and

(3) For all close contacts of cases or suspect cases of pharyngeal or cutaneous diphtheria, employers shall exclude close contacts of cases or suspect cases from the following job duties until cultures prove them not to be carriers:

- a. Job duties involving the handling of food;
- b. Child care job duties; and
- c. Direct care of hospitalized and institutionalized patients.

(cd) For a case or suspect case of gonococcal ophthalmia neonatorum:

(1) Precautions shall be instituted in accordance with He-P 301.04; and

(2) The health care provider shall institute isolation of the individual for the first 24 hours after administration of effective therapy.

(de) For a case or suspect case of Haemophilus influenzae infection in a normally sterile site, the health care provider shall institute appropriate isolation in accordance with He-P 301.04 for 24 hours after the start of appropriate antibiotic therapy.

(ef) For a case or suspect case of hepatitis, isolation precautions shall be as follows:

(1) For persons with hepatitis A:

a. Employers shall exclude cases or suspect cases from the following job duties until one week after onset of jaundice or until hepatitis A has been ruled out:

1. Job duties involving the handling of food;
2. Child care job duties; and

3. Direct care of hospitalized and institutionalized patients; and

b. Cases or suspect cases shall be excluded from attending child care agencies until one week after the onset of jaundice or until hepatitis A has been ruled out.

(2) For persons with hepatitis B or C, precautions shall be instituted in accordance with He-P 301.04.

~~(fg) For methicillin-resistant *Staphylococcus aureus*, isolation precautions for hospitalized patients shall be in accordance with He-P 301.04.~~

(gh) For a case or suspect case of measles, rubeola, the following control measures shall be instituted:

(1) The admitting official shall exclude a case or suspect case from the grounds of public and non-public schools and child care agencies for at least 4 days after appearance of the rash;

(2) Hospitals and other institutional settings shall institute appropriate isolation in accordance with He-P 301.04 from recognition of clinical illness through the fourth day of rash; and

(3) If the case or suspect case occurs in a health care facility:

a. The facility shall ensure that the following susceptible personnel receive a dose of measles vaccine:

1. All employees ~~who were born after 1956~~, who cannot provide documentation of:

(i) Two doses of measles vaccine on or after their first birthday, the second dose a minimum of ~~30~~ 28 days from the first; or

(ii) Serologic evidence of immunity to measles; and

b. The facility shall exclude susceptible personnel who have been exposed from direct patient contact from the 5th to the 21st day after exposure regardless of whether they received vaccine or immune globulin after the exposure.

(hi) For a case or suspect case of meningococcemia, or infection with *Neisseria meningitidis* in a normally sterile site, the health care provider shall institute appropriate isolation in accordance with He-P 301.04 for 24 hours after start of antibiotic therapy.

(ij) For a case or suspect case of mumps, the following control methods shall be instituted:

(1) The admitting official shall exclude a case or suspect case from public and non-public schools or child care agencies for 59 days from onset of salivary gland swelling; and

(2) For a case or suspect case in hospitals or other institutional settings:

a. The health care provider shall institute appropriate isolation in accordance with He-P 301.04; and

b. The health care provider shall isolate the confirmed or suspect case in a private room for 95 days from onset of salivary gland swelling.

(3) For all close contacts of cases or suspect cases of mumps, employers shall exclude susceptible close contacts of cases or suspect cases from the following job duties from days 12-26 post exposure:

a. Job duties involving the handling of food;

b. Child care job duties; and

c. Direct care of hospitalized and institutionalized patients.

(jk) For a case or suspect case of pertussis, the following control methods shall be instituted:

(1) Confirmed or suspect cases in hospitals or other institutional settings shall be placed in appropriate isolation in accordance with He-P 301.04 by the health care provider until they have received 5 days of antibiotics;

(2) Admitting officials and employers shall exclude confirmed or suspect cases and symptomatic household contacts from the following places until they have received at least 5 days of appropriate antibiotics:

a. Public and non-public schools;

b. Child care agencies; and

c. Work places; and

(3) Health facilities shall exclude health care workers and other adults with suspect or confirmed pertussis from patient/public contact until they have received 5 days of a course of antibiotics.

(kl) For confirmed or suspect cases of poliomyelitis, hospitals shall institute isolation in accordance with He-P 301.04.

~~(lm) For psittacosis, the hospital or health care provider shall institute precautions in accordance with He-P 301.04.~~

(ln) For confirmed or suspect cases of rabies, hospitals shall institute appropriate isolation in accordance with He-P 301.04.

(me) For confirmed or suspect rubella, including congenital rubella syndrome, the following control methods shall be instituted:

(1) In hospitals and institutions, patients suspected of having rubella shall be managed under appropriate isolation in accordance with He-P 301.04 and placed in a private room for 7 days after the onset of rash;

(2) Admitting officials and employers shall exclude cases or suspect cases from public and non-public schools, child care agencies and work places for 7 days after onset of rash; and

(3) Hospitals and other health care facilities shall ensure that both male and female health care personnel who may be exposed to patients with rubella are immunized unless there is evidence of previous immunity.

(np) For a case or suspected case of shigellosis, E. coli 0157, and other shiga toxin producing E. coli:

(1) Precautions shall be instituted in accordance with He-P 301.04;

(2) Employers shall exclude cases or suspect cases from the following job duties until stool cultures are free of the microorganism on 2 consecutive specimens collected not less than 24 hours apart and at least 48 hours after the last dose of antibiotics, if prescribed:

a. Job duties involving the handling of food;

b. Child care job duties; and

c. Direct care of hospitalized and institutionalized patients;

~~(3) Children who are cases or suspect cases shall be excluded from attending child care while they are symptomatic; and~~

~~(4) If antibiotics have been given in cases described in (2) above, the initial culture shall be obtained at least 48 hours after the last dose.~~

(3) Children who are cases or suspect cases shall be excluded from child care settings until stool cultures are free of the microorganism on 2 consecutive specimens collected not less than 24 hours apart and at least 48 hours after the last does of antibiotics, if prescribed.

(oq) For a case or suspected case of tuberculosis (TB), the following control methods shall be instituted:

(1) Employers and admitting officials shall exclude confirmed or suspect cases of TB from the following places~~congregate settings, with the exception of patients being cared for in a healthcare facility under appropriate precautions,~~ until TB has been ruled out or the confirmed or suspect case is deemed to be non-infectious by the department;

~~a. Public and non-public schools;~~

~~b. Child care agencies; and~~

~~c. Work places.~~

~~(2) Jail and prison officials shall isolate confirmed or suspect cases of TB from other inmates and staff until tuberculosis has been ruled out or the confirmed or suspect case is no longer deemed to be infectious by the department;~~

~~(3) Employers in the following facilities shall exclude symptomatic employees who have had a positive tuberculin skin test within one year of a previously negative skin test, until declared non-infectious by a health care provider:~~

~~a. Facilities licensed under RSA 151, RSA 151-B, RSA 170-E, and RSA 328-B;~~

~~b. Schools;~~

~~c. Correctional facilities; and~~

~~d. Halfway houses; and~~

(42) Health care providers shall order a drug susceptibility test on all initial M. tuberculosis cultures performed on the initial isolate in order to assure proper prescription of treatment.

(pf) For a case or suspected case of typhoid fever:

(1) Precautions shall be instituted in accordance with He-P 301.04;

(2) Employers and admitting officials shall exclude cases or suspect cases with the Salmonella typhii organism from the following job duties until released from supervision by the local health authority:

a. Job duties involving the handling of food;

b. Child care job duties; and

c. Direct care of hospitalized and institutionalized patients; ~~and~~

(3) Children who are cases or suspect cases shall be excluded from child care settings until released from supervision by the local health authority; and

(34) The local health authority shall supervise confirmed or suspect cases until:

a. Not less than 3 consecutive cultures of feces, each taken at least 24 hours apart and at least 48 hours after last dose of any antibiotic and not earlier than one month after illness onset are negative; and

b. If any one of the cultures in a. above is positive, the culture series shall be repeated at intervals of one month during the 12-month period following illness onset until at least 3 consecutive negative cultures are obtained.

~~(qs) For a case or suspect case of vancomycin-resistant enterococci, isolation precautions shall be in accordance with He-P 301.04.~~

(qt) For a case or suspect case of varicella disease:

(1) Admitting officials and employers shall exclude a case, suspect case, or an individual with vesicular eruption related to varicella- ~~disease vaccine~~, from the following places for 5 days after eruption first appears until vesicles become dry, or in immunized people without crusts, until no new lesions appear within a 24 hour period:

a. Public and non-public schools;

b. Child care agencies; and

c. Work places; and

(2) Hospitals shall maintain appropriate isolation in accordance with He-P 301.04 for 5 days after eruption first appears or until vesicles become dry or until no new onset of lesions appear within 24 hours if the lesions do not crust, i.e. form macules or papules only instead of vesicles.

(~~ru~~) For any communicable disease that poses a threat to the public's health and not already described in He-P 301.05, all cases, suspect cases, and close contacts of cases or suspect cases of a communicable disease individuals who work in sensitive occupations, such as healthcare, food service, and child care, or who are otherwise located in a congregate setting, may shall be excluded ~~from work~~ or restricted from certain ~~job responsibilities~~ activities until they are no longer infectious- in accordance with RSA 141-C:4 and at the discretion of the department based on the best available guidance and recommendations from the Centers for Disease Control and Prevention or other established sources.

(~~sv~~) Individuals described in (~~ur~~) above with symptoms of acute gastrointestinal illness shall be ~~restricted-excluded~~ from duties involving direct patient care, childcare, or serving of food or the handling of clean dishware, utensils, or equipment until 48 hours after the resolution of symptoms or until such time the employee can provide certification from a physician that the illness is from a non-infectious cause.

He-P 301.06 Prevention of Gonococcal Ophthalmia Neonatorum and Perinatal Hepatitis B Infection.

(a) All hospitals and healthcare facilities at which births are attended ~~Birthing facilities~~ shall administer neonatal prophylaxis against gonococcal ophthalmia.

(b) ~~For infants born to hepatitis B surface antigen positive women, All hospitals and healthcare facilities at which births are attended~~ the birthing facility shall administer hepatitis B immune globulin (HBIG) and the first hepatitis B vaccine dose within 12 hours of birth to all infants born to hepatitis B surface antigen positive women.

(c) For infants born to women of unknown hepatitis B surface antigen status, the hospital or healthcare facility at which the birth was attended ~~birthing facility~~ shall:

(1) Administer the first hepatitis B vaccine dose within 12 hours of birth; and

(2) If the mother tests positive for hepatitis B surface antigen, the hospital or healthcare facility at which the birth was attended ~~birthing facility~~ or the health care ~~medical~~ provider shall administer HBIG to the infant within 7 days of birth.

He-P 301.07 Procedures for Conduct of Investigation.

(a) In accordance with RSA 141-C:3 the department shall investigate the incidence of communicable diseases or potential transmission of communicable diseases posing a threat to the citizens of the state.

(b) Methods for conducting such investigations shall include the following:

- (1) Surveying pertinent populations, health care providers and others by use of questionnaires;
- (2) Telephone interviews with cases and suspect cases, contacts, health care providers, employees and employers of the suspect source of the disease;
- (3) Personal interviews with cases and suspect cases, contacts, health care providers, employees and employers of the suspect source of the disease;
- (4) Collection and analysis of samples of food, body fluids or other clinical specimens of cases, suspect cases and suspect sources or any other items and individuals suspected in a disease incident; and
- (5) Review of individual case medical records, business records, reports and x-rays of cases, suspect cases and contacts in an disease incident.

(c) All tests of biological specimens taken from New Hampshire residents for the diagnosis of reportable diseases shall be performed in a laboratory certified under 42 CFR 493. If more extensive laboratory tests will aid in better awareness of the disease causing agent, the commissioner shall order tests performed by the New Hampshire public health laboratories (PHL).

(d) Whenever a laboratory submits a specimen, portion of a specimen, or culture to the PHL for testing, laboratory reporting requirements shall be deemed to have been fulfilled, provided that the minimum information specified in RSA 141-C:7 and He-P 301.03 accompanies the specimen or culture.

He-P 301.08 Procedures for Disclosure of Information.

(a) Requests for release of information under RSA 141-C:10, shall be made to the commissioner or his or her designee and shall describe the type, the purpose, and the ultimate disposition of the requested information.

(b) In the case where the department receives a report that a person, who works outside from his or her primary residence, or who provides child care in his or her primary residence, or who prepares food in his or her primary residence for sale to the public, is diagnosed with a reportable disease, or with a condition that can pose a threat to the public health, the following steps shall be taken:

(1) The department shall disclose to the manager of the place of employment:

- a. The name of the individual employee so diagnosed;
- b. The name of the reportable disease;
- c. The laboratory test results associated with the reportable disease; and
- d. What steps the manager shall take to assure protection of the health of the public from exposure to the risks associated with the reportable disease; and

(2) The personal identity of the employee shall be kept confidential by the manager to whom a disclosure is made as described in (1) above in accordance with RSA 141-C:10, I.

He-P 301.09 Procedures for Decontamination.

(a) The method of decontamination of a commodity, conveyance, baggage, or cargo shall include one or more of the following:

- (1) Washing and rinsing;
- (2) Application of pesticides and or disinfecting agents;
- (3) Incineration;
- (4) Chemical treatment; and
- (5) Other methods proposed by the decontaminator which the commissioner determines will achieve decontamination equivalent or superior to that achieved in (1) - (4) above.

(b) The owner or owners of such commodities, conveyance, baggage, or cargo shall ensure that decontamination is conducted according to the order of the commissioner. No commodity, conveyance, baggage, or cargo shall be removed until decontamination is completed and release has been ordered by the commissioner's designee.

He-P 301.10 Distribution of Pharmaceutical Agents.

(a) Health care providers requesting pharmaceutical agents from the department shall make such requests in writing on forms provided by the department at least 14 days prior to the desired delivery date.

(b) Requestors pursuant to (a) above shall provide the following information on the request form:

- (1) The name of the physician or facility;
- (2) The provider's number from the department's immunization program;
- (3) The address of the provider;
- (4) The person responsible for ordering pharmaceutical agents;
- (5) The phone number of the person named in (4) above; and
- (6) The type and number of doses of pharmaceutical agents being ordered.

(c) Health care providers obtaining pharmaceutical agents from the department shall ensure proper storage and handling to prevent deterioration, in compliance with the requirements of RSA 318. All pharmaceutical agents shall be stored in accordance with the manufacturer's instructions that accompany each shipment of pharmaceutical agents. Providers shall be responsible for replacement cost of pharmaceutical agents if loss occurs due to the facility's negligent storage or handling procedures.

(d) Health care providers receiving vaccines from the department shall inform the recipients of such vaccines of their benefits and risks, in accordance with 42 CFR 110, vaccine information materials. ~~Health care providers shall utilize the current vaccine information materials as provided by the department for every dose of state supplied vaccine administered.~~

(e) Health care providers who wish to order state-supplied vaccines shall complete, on an annual basis, the vaccine provider's immunization certification form on which the provider certifies annually that he or she will comply with the following requirements:

- (1) To exercise individualized medical judgment in the administration of state-supplied vaccines;
- (2) To provide the recipient or parent or guardian of each recipient of such vaccine copies of the current vaccine information materials ~~obtained from the department~~;
- (3) To retain a written immunization record of the vaccine administered for a period of 10 years following the end of the calendar year in which the immunization was given and, upon request, furnish copies of the record to the department or the federal Centers for Disease Control and Prevention;
- (4) To make no charge for vaccines provided by the department ~~excluding although~~ usual or customary office or professional fees ~~may be~~ charged for ~~their~~ vaccine administration;
- (5) ~~Provide Not to withhold~~ state-supplied vaccine ~~from and to~~ individuals regardless of their ~~for~~ inability to pay vaccine administration fees, and prominently display a sign that vaccines will be so provided ~~to this effect~~;
- (6) To screen children for eligibility if mandated by state or federal vaccine programs; and
- (7) To minimize vaccine wastage.

(f) Vaccine providers shall document the following minimum information on the vaccine recipient's medical record:

- (1) Type of vaccine;
- (2) Date of vaccine administration;
- (3) Manufacturer of vaccine administered;
- (4) Lot number of vaccine;
- (5) Route and site of vaccine administration;
- (6) ~~Signature~~ Name and title of the person administering the vaccine;
- (7) Address where the vaccine was administered; and
- (8) Results of eligibility screening of the child for federal vaccine assistance programs.

(g) When ordering vaccines, health care providers shall provide the following vaccine utilization information on a form provided by the department:

- (1) Type, numerical sequence, and number of doses of vaccine administered for each specified age group;

- (2) Current inventory with lot numbers;
- (3) Expiration dates;
- (4) Wastage in doses;
- (5) Number of doses ordered;
- (6) Physician or facility's vaccine provider number;
- (7) Both mailing and street addresses;
- (8) Name of provider or facility using vaccine;
- (9) Person responsible for ordering vaccine; and
- (10) Physician or facility's phone and fax numbers.

(h) In the case of an individual experiencing a vaccine-associated adverse medical event from a state-supplied vaccine, the health care provider shall immediately report to the [national Vaccine Adverse Event Reporting System at www.vaers.org](http://www.vaers.org) or 1-800-822-7967 and notify the department of the ~~report.~~department the following information:

- ~~———— (1) Patient's name, telephone number, address;~~
- ~~———— (2) Date of administration of vaccines;~~
- ~~———— (3) Types of vaccines administered, including manufacturer lot number, site of administration, and number of previous doses;~~
- ~~———— (4) Recipient's date of birth;~~
- ~~———— (5) Name, title, address, and telephone number of health care provider who administered vaccine;~~
- ~~———— (6) Name of health care provider who completed the form;~~
- ~~———— (7) Description of the suspected adverse medical event and patient's current status;~~
- ~~———— (8) Health care provider/facility visited for treatment of adverse medical event;~~
- ~~———— (9) Laboratory findings;~~
- ~~———— (10) Patient's medical history as it relates to the vaccine associated adverse medical event; and~~
- ~~———— (11) Follow up information on the patient's medical condition as requested by the department.~~

(a) HIV/AIDS financial assistance shall be provided to applicants meeting the eligibility requirements set forth in this section. However, assistance to which these rules apply shall be subject to the availability of funds and shall not be financially open-ended.

(b) Qualified applicants shall be eligible to receive financial assistance for drugs that receive Food and Drug Administration approval for use as therapy for individuals infected with HIV and infants perinatally exposed to HIV and are authorized for payment through the program's current formulary.

(c) Financial assistance for approved drug therapies shall be provided to applicants who meet the following eligibility requirements:

(1) Are residents of the state of New Hampshire;

(2) Are infected with HIV or infants perinatally exposed to HIV and have a physician's prescription for one or more of the drugs covered under this program;

(3) Have an annual gross household income which is less than ~~300~~400% of the Federal poverty income guidelines, except if the applicant's annual gross income is greater than ~~300~~400% of the allowed income in the federal poverty income guidelines, the difference shall be multiplied by 80% in order to determine the amount of out-of-pocket dollars that shall be spent on medical care before the applicant shall be eligible;

(4) The commissioner shall notify applicants in writing as to the amount of medical debt they shall accrue in order to be eligible for financial assistance pursuant to (3) above; and

(5) Currently be prescribed antiretroviral drugs for the treatment of HIV/AIDS or ~~have had the lowest documented CD4 count of 250 or less meet one or more criteria under the US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents available as noted in Appendix A.~~

(d) ~~The program shall be As the payor of last resort and, nothing contained in these rules shall authorize or require the program to provide payment for drugs, diagnostics or monitoring services which would otherwise be paid for by Medicaid, Medicare or any other medical insurance program or policy. With respect to Medicaid, Medicare or any medical insurance program or policy, the program shall be deemed the payor of last resort.~~

(e) Each recipient of financial assistance shall notify the program in writing within 30 days of any change in the recipient's medical insurance coverage which results in coverage for drugs which are currently being paid for by the program.

(fe) An application for financial assistance shall be submitted to the program before the program provides financial assistance.

(gf) The application referred to in (fe) above shall include:

(1) The name and address of the applicant;

(2) Documentation of HIV positive status;

(3) Proof of NH residency;

~~(4) (2)~~ A statement of financial resources, including any of the following:

~~a. Thea. The~~ current income tax form of those persons whose income is considered in determining family income;

b. Recent pay stubs for the individuals referred to in a. above; or

c. A letter from the employer(s) of those individuals referred to in a. above attesting to present wages; and

d. In the case of zero income, a letter from the case manager attesting to means of financial support; and.

~~(3)(5)~~ A signed authorization to collect medical data and prescription coverage information through Medicaid, Medicare or any medical insurance or policy necessary to determine eligibility as described in He-P 301.11 (c)(2).

~~(h)~~ The commissioner shall determine whether the applicant meets the eligibility requirements pursuant to paragraph (c) above.

~~(i)~~ The commissioner shall authorize the commencement, duration, redetermination of eligibility and reapplication according to the following:

(1) When the commissioner determines that an applicant is eligible for financial assistance in accordance with He-P 301.11 (c), the applicant shall remain eligible for 6 months commencing with the date of eligibility;

(2) The commissioner shall not reimburse the applicant or any other person for any payment that was made or debt that was incurred before the eligibility commencement or after its termination;

(3) The commissioner shall evaluate eligibility for financial assistance prior to the expiration of the 6 month period described in (1) above; and

(4) A household or individual who has applied for financial assistance and has been determined to be ineligible may reapply when and if the financial, insurance or medical status changes.

~~(j)~~ Notice of determination or other action shall be as follows:

(1) The commissioner shall notify the applicant within 10 days from the date of receipt of their application that the commissioner has determined the applicant's eligibility for assistance; and

(2) The commissioner shall notify a recipient in writing at least 30 days in advance of any action which affects the recipient's eligibility including termination of eligibility.

~~(k)~~ An applicant may appeal an eligibility determination as follows:

- (1) If an applicant is dissatisfied with any eligibility determination, the applicant may request, within 30 days of the date of the commissioner's notification letter, an informal case review conference;
- (2) The commissioner shall notify the applicant within 14 days after the case review conference whether the commissioner concurs, modifies, or revokes the determination; and
- (3) If the applicant or applicant's guardian is dissatisfied with the result of the case review conference, the applicant or guardian may request within 30 days of notification of the results of the case review conference, an adjudicative proceeding held in accordance with RSA 541-A.

He-P 301.12 Procedures for Written Orders.

- (a) All orders of isolation, quarantine or treatment shall be issued in accordance with RSA 141-C:11 and 12.
- (b) Action taken to enforce an order of isolation, quarantine or treatment shall be consistent with the provision of RSA 141-C:13, 14 and 15.
- (c) All persons who are subject to orders of isolation, quarantine or treatment shall be entitled to the due process rights set for in RSA 141-C:14-a

He-P 301.13 Documentation of Immunization.

- (a) Every parent or guardian of a child to be admitted or enrolled in any New Hampshire public or non-public school, pre-school or child care agency shall, prior to the child's admittance, provide documentation, as defined in He-P 301.01(n), to the admitting official of acceptable immunization of the child as specified in He-P 301.14.
- (b) The admitting official may enroll a child under conditional enrollment when the parent or guardian provides the following:
 - (1) Documentation of at least one dose of each required vaccine; and
 - (2) The appointment date for the next due dose(s) of required vaccine.
- (c) The appointment date referred to in (2) above shall serve as the exclusion date if the child fails to keep the scheduled appointment.
- (d) Conditional enrollment shall not be extended to the next school year for the same dose of vaccine.
- (e) In accordance with RSA 141-C:20-c, the admitting official shall exempt a child from immunization requirements only if the parent or guardian provides a notarized religious exemption or a licensed health care provider ~~licensed physician~~ provides a letter, on letterhead, certifying that immunization against a particular disease may be detrimental to the child's health.
- (f) The admitting official shall require the following documentation of immunization:
 - (1) For measles, mumps, rubella, and hepatitis B:

- a. The month, day and year of immunization; or
- b. Documentation of immunity by confirming laboratory test results;

~~(2) For mumps:~~

- ~~a. The month, day, and year of immunization;~~
- ~~b. Documentation of immunity by confirming laboratory test results; or~~
- ~~c. For children who entered or enrolled in a New Hampshire school or childcare agency prior to January 1, 2008, a physician's statement attesting to a history of clinical mumps will serve as acceptable documentation.~~

~~(23) For diphtheria, tetanus, pertussis (DTP/DtaP/DT/Td/Tdap), and poliomyelitis vaccines:~~

- ~~a. For children who entered or enrolled in any New Hampshire school or child care agency between January 1, 1988 and July 31, 1997, the month and year of each immunization;~~

- ~~b. For children who entered or enrolled in any New Hampshire school or child care agency after July 31, 1997, the month, day, and year of immunization; or~~

- ~~c. Documentation of immunity for the individual antigen by confirming laboratory test results;~~

~~(3) For poliomyelitis vaccine the month, day, and year of immunization:~~

- ~~(4) For Haemophilus influenzae type b, (Hib) the month, day, and year of administration of each dose given; and~~

~~(5) For varicella, one of the following:~~

- ~~a. The month, day and year of immunization;~~

- ~~b. For students enrolled prior to 2009 a medical provider's or parent or guardian's physician's statement attesting to a history of clinical varicella~~

- ~~c. A parent or guardian's statement attesting to a history of clinical varicella;~~

- ~~b.d. Documentation of immunity by confirming laboratory test results or;~~

- ~~c. For students enrolled in kindergarten prior to 2009, a medical provider's or parent or guardian's statement attesting to a history of clinical varicella.~~

- ~~e. Beginning with the 2009/2010 school year, the following documentation for varicella shall be required for children entering or enrolling:~~

- ~~1. The month, day and year of immunization; or~~

- ~~2. Documentation of immunity by confirming laboratory test results.~~

(a) The number of immunization doses, dosage, route of administration, spacing and age requirements shall be defined by the Recommended Immunization Schedules for Persons Aged 0-18 years – United States, ~~2016~~2008, as published by the Centers for Disease Control and Prevention (CDC) and as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) available as noted in Appendix A.

(b) No child shall be admitted or enrolled in public or private, primary or secondary schools, pre-school, or child care agency without showing documentation, as defined in He-P 301.01 (n), of having received age-appropriate and acceptable immunization in accordance with current department immunization requirements for the following vaccines unless exempted from the requirement pursuant to RSA 141-C:20-c:

(1) Five doses of diphtheria, tetanus, pertussis (DTP), or diphtheria, tetanus, acellular pertussis (DtaP) vaccines, unless the fourth dose has been administered on or after the fourth birthday, in which case only 4 doses are required:

a. When pertussis vaccine is medically contraindicated, diphtheria-tetanus toxoid (~~DT~~) shall be substituted for DtaP/Tdap vaccine;

~~b. When a child is between 7 and 10 years of age and requires additional immunizations to satisfy He-P 301.14(e)(1), tetanus diphtheria toxoid (Td) shall be substituted for DTP, DtaP, or DT vaccine;~~

~~c. When a child is 11 years of age or older, and it has been 5 years or longer since the last documented dose of a tetanus toxoid containing immunization, the child shall receive a booster dose of tetanus, diphtheria acellular pertussis (Tdap) vaccine, except if the child has a medical contraindication to pertussis vaccine, in which case the child shall receive Td; and~~

~~d. For children 7 years of age or older, a minimum of 3 or 4 doses, with the last dose administered after age 4, of diphtheria, tetanus, pertussis (DTP), diphtheria, tetanus, acellular pertussis (DtaP), or Td vaccines, or a total of 5 doses;~~

b. For children 6 years and under: 4 or 5 doses with the last dose administered on or after the 4th birthday;

c. For children 7 years of age and older, a minimum of 3-4 doses with the last dose administered on or after the 4th birthday.

~~e. For children 7 years of age and older, a minimum of 3 or 4 doses of DTP, DtaP or DT vaccine, with the last dose administered on or after age 4 years;~~

d. Children between 7 and 10 years of age who have not completed their primary immunization schedule or have an unknown vaccine history should receive a single dose of Tdap. If they require additional tetanus and diphtheria toxoid doses, Td should be used. If a child receives Tdap at age 7 years or older, this dose satisfies the requirement for 6th grade.

(2) Beginning August 1, 2017 a single dose of Tdap shall be required for students entering sixth (6th) grade;

(3) Four doses of trivalent polio vaccine, unless:

a. The third dose of an all oral polio vaccine (OPV) or all inactivated polio vaccine (IPV) series has been administered on or after the fourth birthday-birthday; and

b. The last two doses separated by 6 months; in which case only 3 doses are required; and

c. If the child was enrolled prior to 2011; 3 doses with the last dose given on or after the 4th birthday.

~~(43)~~ One dose of measles, ~~(live)~~, mumps, rubella (MMR) vaccine given ~~on~~ or after 12 months of age;

~~(54)~~ All students in grades kindergarten through 12th shall have received 2 valid doses of measles, mumps and rubella (MMR) vaccine; the first dose should be administered on or after 12 months of age, and

~~(65)~~ Three doses of hepatitis B vaccine, ~~for children born on or after January 1, 1993; and~~

~~(67)~~ For varicella vaccine:

~~a. All children entering kindergarten, first grade and sixth grade shall have received one valid dose of varicella vaccine; and~~

a. One dose of varicella vaccine given on or after 12 months of age;

~~b. b. Beginning the 2009/2010 school year, All children students entering kindergarten entering kindergarten, first grade and sixth grade shall have received shall have two valid doses of varicella vaccine, the first dose administered on or after 12 months of age; or~~

c. Laboratory evidence of immunity, or

d. For children enrolled in kindergarten prior to 2009, Beginning with the school year 2016/17 children in 8th through 12th grade may have parental or medical provider of verification of disease.

~~(8)~~ For Haemophilus influenzae Type b (Hib) for child care and pre-school, ~~one dose on or four doses with the last dose administered on or after 12 months of age or one dose on or after 15 months of age.~~

~~a. Hib is not required for children > 5 years of age.~~

He-P 301.15 Procedures for Record Keeping.

(a) Every public or non-public primary and secondary school, pre-school, and child care agency shall maintain an immunization record for children enrolled at their public or non-public school, pre-school, or child care agency. This record shall include the date of each immunization and shall be separated from the child's other medical records and educational records for the purpose of immunization record audit.

(b) ~~Each The~~ admitting officials or ~~his/her their designees of designee of~~ all public and non-public primary and secondary schools, pre-school, and child care agencies shall review the immunization

records of every newly admitted or enrolled child at their public or non-public school or child care agency.

(c) All record reviews shall determine into which one of the following categories to place each child:

(1) Children whose immunizations are documented and acceptable in accordance with He-P 301.13 and He-P 301.14;

(2) Children who are ~~admitted or conditionally~~ enrolled ~~conditionally~~;

(3) Children who are exempt from immunization under RSA 141-C:20-c;

~~—(4) Children whose immunizations are insufficiently documented or unacceptable in accordance with He P 301.13 and He P 301.14; and~~

~~(45)~~ The total number of children ~~admitted or~~ enrolled in the school.

(d) Each admitting official or his/her designee shall report the results of this record review to the commissioner, ~~in writing~~, by November 15 of each year.

(e) If the admitting official finds during the record review that the child's immunizations are insufficiently documented or unacceptable, he/she shall notify the child's parent or guardian ~~by letter~~ stating:

(1) That the child does not have documentary proof of acceptable immunization, and

(2) That the child shall not be lawfully admitted or enrolled at the public or non-public school, pre-school, or child care agency unless:

a. Documentary proof of acceptable immunization is provided to the admitting official;

b. The parent or guardian submits a certificate of medical or religious exemption, as provided under RSA 141-C:20-c, or

c. The child is admitted or enrolled conditionally if the child qualifies.

(f) During the conditional ~~admittance or~~ enrollment period, the admitting official or his/her designee shall monitor the records of any conditionally ~~admitted or~~ enrolled child to ensure that the conditionally ~~admitted or~~ enrolled child receives the vaccinations necessary in order to make the child acceptably immunized. The conditional enrollment period will allow for the routine immunization schedule to be followed, observing appropriate intervals between doses of vaccine(s), and does not allow for extension into the following school year for the same dose of vaccine.

(g) The admitting official of a school, pre-school, or ~~a~~ child care agency shall, at the end of the conditional ~~admittance or~~ enrollment period, exclude from attendance any conditionally ~~admitted or~~ enrolled child who does not have documentary proof of ~~acceptable immunization~~ acceptable immunization or immunity as required in these rules and who has not been exempted under RSA 141-C:20-c.

(h) The admitting official shall readmit or re-enroll the child exempted as described in (g) above only when the parent or guardian provides:

(1) Documentary proof of acceptable immunization; or

(2) Documentation of immunity by confirming laboratory test results; or

(3) A certificate of medical or religious exemption, as provided under RSA 141-C:20-c.

~~(2) A certificate of medical or religious exemption, as provided under RSA 141-C:20-c.~~

(i) When a transfer of immunization records is necessary, the admitting official of the child's previous school shall provide to the parent or guardian the child's immunization record or a copy thereof to present to the admitting official at the new school on arrival.

(j) Admitting officials or their designees shall furnish immunization records or copies thereof to each parent or guardian of a child upon his graduation or final attendance at a secondary school.

He-P 301.16 The Use of the Common Cup.

(a) A common cup used for the purpose of drinking shall not be utilized in public places.

(b) Paragraph (a) above shall not restrict the use of a common chalice or similar article during the performance of a religious ceremony.

He-P 301.17 Tuberculosis Patient Care Financial Assistance Program.

(a) Tuberculosis (TB) patient care financial assistance shall be provided for tuberculosis related treatment and services to applicants meeting the eligibility requirements set forth in this section.

However, assistance to which these rules apply shall be subject to the availability of funds and shall not be financially open-ended.

(b) Qualified applicants shall be eligible to receive financial assistance for the following patient care:

(1) Medications approved by the Federal Food and Drug Administration for the treatment of tuberculosis, latent tuberculosis infection or any medical condition caused by tuberculosis or tuberculosis medications;

(2) Licensed healthcare provider visits for active tuberculosis and high risk latent tuberculosis diagnosis, treatment and follow-up, when indicated, ~~as follows:~~

~~a. Be limited to 5 visits for patients on treatment for latent tuberculosis infection unless the commissioner authorizes additional visits; and~~

~~b. Be limited to 10 visits for patients on treatment therapy with no complications unless the commissioner authorizes additional visits.~~

(3) ~~X-rays~~ Diagnostic procedures to diagnose or monitor the disease;

(4) Laboratory tests related to the diagnosis of tuberculosis or its treatment; and

(5) Home health agency visits to provide directly observed therapy.

(c) Financial assistance for approved TB patient care shall be provided for applicants who meet the following eligibility requirements:

(1) ~~Are residents of applicants shall be residing in~~ the state of New Hampshire;

(2) ~~Applicants shall be those with~~ Are infected with active tuberculosis or high-risk L latent Tuberculosis Infection, or those undergoing diagnostic procedures because of suspected TB;

(3) ~~Applicants shall be~~ Are under a physician's care for TB, ~~and have a physician's or designee's prescription for one or more of the drugs claimed under this program;~~ and

(4) ~~To be eligible, an applicant's~~ Have an annual gross household income ~~shall not exceed which is less than~~ 200% of the Federal poverty income guidelines, except if the applicant's annual gross income is greater than 200% of the allowed income in the Federal poverty income guidelines, the difference shall be multiplied by 80% in order to determine the amount of out-of-pocket dollars that shall be spent on medical care before the applicant is eligible.

(d) The department shall notify applicants in writing as to the amount of medical debt they shall accrue in order to be eligible for financial assistance under (4) above.

(e) As the payor of last resort, nothing contained in these rules shall authorize or require the program to provide payment for drugs, diagnostics or monitoring services which would otherwise be paid for by Medicaid, Medicare or any other medical insurance program or policy.

(f) Each recipient shall notify the program in writing within 30 days of any change in the recipient's medical insurance coverage which results in coverage for patient care costs which are being paid for by the program.

(g) ~~Before the program provides financial assistance, each applicant shall provide to the program the following information in his/her application for financial assistance~~ An application for financial assistance shall be submitted to the program before the program provides financial assistance. The application shall include:

(1) The name and address of the applicant;

(2) Documentation of active tuberculosis or high-risk latent tuberculosis infection diagnosis, or a statement that the applicant is undergoing diagnostic procedures because of suspected TB

~~(2)~~ (3) Proof of New Hampshire residency

(4) A statement of financial resources signed by the applicant, including any of the following;
~~and~~

~~(3) Financial resource documentation, to include:~~

a. The most recent income tax form of those persons whose income is considered in determining family income;

b. A recent pay stub for each individual in (g)(4)a. above;

c. or a letter from the employer(s) of those individuals in a. above attesting to present wages; and

d. In the case of zero income, a letter from the healthcare provider or public health nurse case manager attesting to means of financial support.

(h)——e. A signed authorization to collect medical data necessary to determine eligibility as described in He-P 301.17(c).

(h)(i) The commissioner shall determine whether the applicant meets the eligibility requirements pursuant to paragraph (ge) above.

(i)(j) The commissioner shall authorize the commencement, duration, redetermination of eligibility and reapplication according to the following:

(1) When the commissioner determines that an applicant is eligible for financial assistance in accordance with He-P 301.17(c), the applicant shall remain eligible for 1224 months commencing with the date of eligibility;

(2) The commissioner shall not reimburse the applicant or any other person for any payment that was made before the eligibility commencement;

(3) The commissioner shall evaluate eligibility for financial assistance prior to the expiration of the 1224 month period described in (1) above; and

(4) A household or individual who has applied for financial assistance and has been determined to be ineligible can reapply when and if the financial or medical status changes.

(j)(k) Notice of determination and notice of other action shall be as follows:

(1) The commissioner shall notify the applicant within 10 days from the date of receipt of application that the commissioner has determined that the applicant is eligible or ineligible for assistance; and

(2) The commissioner shall notify a recipient in writing at least 30 days in advance of any other action which the commissioner has decided to take which affects the recipient's eligibility including termination of eligibility.

(k)(l) An applicant may appeal an adverse eligibility determination as follows:

(1) If an applicant is dissatisfied with any determination, the applicant may request, within 30 days of the date of the commissioner's notification letter, an informal case review conference;

(2) The commissioner shall notify the applicant in writing after the case review conference whether he/she concurs, modifies or revokes the determination; and

(3) If the applicant is dissatisfied with the result of the case review conference, he or she may request, within 30 days of notification of the results of the case review conference, an adjudicative proceeding held in accordance with RSA 541-A.

~~(4) Assistance to which these rules apply shall be subject to the availability of funds and shall not be financially open ended.~~

(m) Reimbursement to medical providers for these patient care services shall be at the New Hampshire Medicaid rates on the date of service.

(n) Reimbursement shall be made directly to the provider of the service or to the pharmacy and not directly to the applicant.

APPENDIX A Incorporated by Reference

Reference in the Rule	Title/Availability/Cost of Document
He-P 301.02(e)(2)	NH Local Implementation Guide for Electronic Laboratory Reporting using HL7, 2.5.1, 7/31/2014. Available as an on-line document free of charge at www.dhhs.nh.gov/dphs/bphsi/documents/elrguide
He-P 301.03(i)(1)	NH Local Implementation Guide for Syndromic Surveillance Reporting, Version 1.07, 2/15/15. Available as an on-line document free of charge at www.nh.gov/dphs .
He-P 301.04	Healthcare Infection Control Practices Advisory Committee 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007. Available as an on-line document free of charge at www.cdc.gov/hicpac .
He-P 301.04	Healthcare Infection Control Practices Advisory Committee, Management of Multi-drug Resistant Organisms in Healthcare Settings, HICPAC Advisory Committee. October 2006. Available as an on-line document free of charge at www.cdc.gov/hicpac/mdroGuidelines2006 .
He-P 301.11(c)(5)	US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf .
He-P 301.14	Recommended Immunization Schedules for Persons Aged 0-18 years- US 2016 by Centers for Disease Control and Prevention (CDC) and as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). Available on line free of charge at www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html .

APPENDIX B

<u>Rule</u>	<u>RSA/Federal Regulation</u>
He-P 301.01	RSA 141-C:2
He-P 301.02	RSA 141-C:6, I, RSA 141-C:7, RSA 141-C:8
He-P 301.03	RSA 141-C:6, I; RSA 141-C:7
He-P 301.04	RSA 141-C:11-15
He-P 301.05	RSA 141-C:11-15

He-P 301.06	RSA 132:6; RSA 132:10-b
He-P 301.07	RSA 141-C:3, RSA 141-C:9
He-P 301.08	RSA 141-C:10
He-P 301.09	RSA 141-C:16-a
He-P 301.10	RSA 141-C:17, RSA 141-C:17-a
He-P 301.11	RSA 141-C:2, IV, RSA 141-C:3, III RSA 1410-C:4, X., RSA 141-C:15, IV
He-P 301.12	RSA 141-C:11, RSA 141-C:12 RSA 141-C:14, RSA 141-C:15
He-P 301.13	RSA 141C:20-a thru e
He-P 301.14	RSA 141C:20-a thru e
He-P 301.15	RSA 141C:20-a thru e
He-P 301.16	RSA 141-C:6, XI
He-P 301.17	RSA 141-C:15, III